DOCUMENT RESUME

ED 222 264 PS 013 121

TITLE	Director's Manual for the Child Guidance Series and Child Environment Series, Military Child Care Project.
INSTITUTION	Office of the Assistant Secretary of Defense for Manpower and Reserve Affairs (DOD), Washington, D.C.
SPONS AGENCY	Administration for Children, Youth, and Families (DHHS), Washington, D.C.
REPORT NO	DoD-6060.1-M-12
PUB DATE	Apr 82
NOTE	96p.; Several pages contain small print size and may not reproduce well. For related documents, see PS 013 111-125 and PS 013 155-157.
AVAILABLE FROM	Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402 (Stock No. 008-000-00376-9, $5.00).
EDRS PRICE	MF01/PC04 Plus Postage.
DESCRIPTORS	*Administrator Role; *Day Care Centers; Early Childhood Education; Guidelines; *Learning Modules; Models; *Staff Development; *Training Methods; *Workshops
IDENTIFIERS	*Military Day Care

ABSTRACT

One in a series of guidebooks, this manual was designed to help military child care center directors develop staff training plans. Two modules previously developed by the Military Child Care Project, the Child Guidance Series and the Child Environment Series, form the basis for suggestions. Section 1 of the manual provides detailed descriptions of objectives, training units, and other related materials in the two modules. Section 2 suggests a variety of ways that individual caregivers or groups of caregivers can benefit from the inclusion of the modules in a training plan. Section 3 suggests six ways that material from the two modules can be used in lively staff training workshops. Finally, an index to problem-solving situations, texts, checklists, and individual exercises in the two modules, along with a selected bibliography of recent relevant books, is appended. (MP)

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Director's Manual for the Child Guidance Series and Child Environment Series

Military Child Care Project

Funded by the U.S. Department of Health and Human Services Administration for Children, Youth and Families, in cooperation with the Department of the Army

April 1982

PS013121

ASSISTANT SECRETARY OF DEFENSE
MANPOWER, RESERVE AFFAIRS, AND LOGISTICS

OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D.C. 20301

MANPOWER,
RESERVE AFFAIRS
AND LOGISTICS
Military Personnel and Force Management)

01 APR 1982

FOREWORD

This series of manuals for Child Care Givers on DoD Installations is issued under the authority of DoD Instruction 6060.1, "Training Manuals for Child Care Givers on DoD Installations," January 19, 1981. Its purpose is to provide child care givers with training materials that include the latest techniques and procedures for the safe care and guiding development of children entrusted to their care.

This series of manuals, DoD 6060.1-M-1 through DoD 6060.1-M-17, was developed under the auspices of the Department of Health and Human Services by the Department of Army, in cooperation with the Navy, Air Force, and Marine Corps.

The provisions of this series of manuals apply to the Office of the Secretary of Defense, the Military Departments, and the Defense Agencies (hereafter referred to as DoD Components) whose heads shall ensure that the manuals are distributed or otherwise made available to all child care givers on DoD installations and that these materials are used in regional and inter-Service workshops, seminars, and training sessions.

This series of manuals is effective immediately.

Send recommended changes to the manuals through channels to:

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Office of the Deputy Assistant Secretary of Defense
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DoD Components may obtain copies of this series of manuals through their own publications channels. Other federal agencies and the public may obtain copies from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

R. Dean Tice
Lieutenant General, USA
Deputy Assistant Secretary

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OVERVIEW

In the Fall of 1977, the Administration for Children, Youth and Families in the Department of Health and Human Services provided funding to the Department of the Army for a Military Child Care Project located at Fort Lewis, Washington. The project was to design staff development materials especially tailored to the needs of child care programs on military installations. Specifically, the materials - which were completed in the Fall of 1980 - were designed as a resource for child care center directors who are trying to provide quality, developmentally sound child care programs in military child care centers.

In many ways, military child care centers are very different from most civilian centers. Military centers often provide care for a wide age-range of children - from six weeks old through school age. They frequently are open weekday evenings, even later on weekends, and all day on Saturday. These centers often serve both full-time children and children who come only occasionally or on a drop-in basis.

The director's job of designing a program which meets the developmental needs of children in such a diverse center is quite a challenge. It may be doubly hard if the military installation is in an isolated area away from the resources available in most urban areas.

This Director's Manual is designed to help child care center directors develop staff training plans based on the two series developed by the Military Child Care Project. The materials in the Child Guidance Series and the Child Environment Series make an excellent foundation for any center training plan. Each Series is explained in detail in the first section of this Manual, *Understanding How The Staff Development Modules Work.*

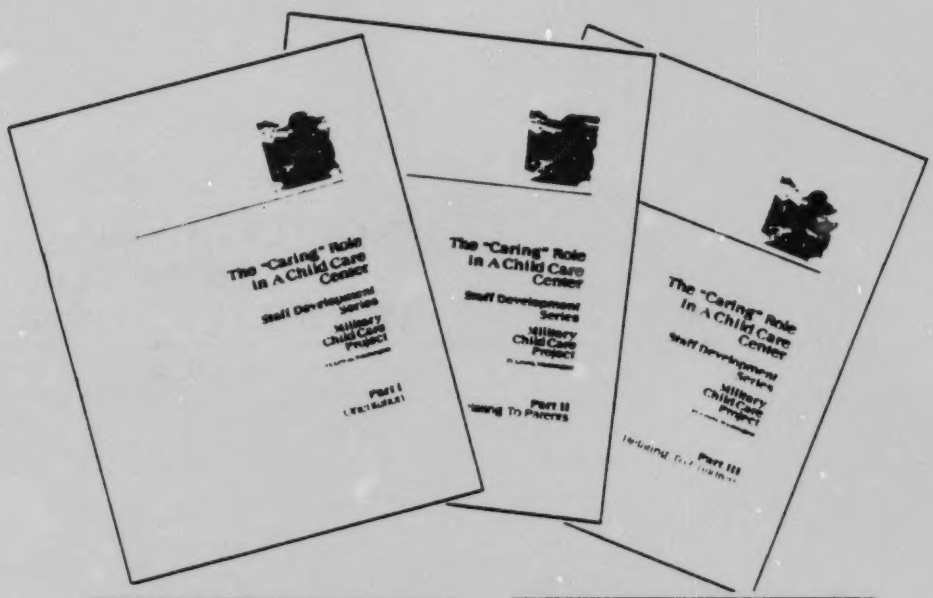
There are many different ways to use the modules in the two series. The second section of this Manual, *Making A Training Plan For Your Center,* suggests a variety of ways that individual caregivers or groups of caregivers can benefit from the modules when they are included in a training plan. The flexibility of the modules will permit you, the center director or staff trainer, to build a training plan around your needs, interests and skills.

In the final section of this Manual, *Designing Staff Training Workshops Around The Modules,* you will find six models or examples of ways that material from the two series can be used in lively staff training workshops which you can conduct with very few additional training resources.

Finally, the *Appendices* included at the end of this Manual provide you with an index of the problem-solving situations, texts, checklists and individual exercises in the two series, as well as a selected bibliography of recent, relevant books. By using these *Appendices* you will be able to pull together material for a staff meeting or in-service training session quickly and conveniently.

UNDERSTANDING HOW THE MODULES WORK

Child Guidance Series


The "Caring" Role in A Child Care Center
Staff Development Series
Military Child Care Project
Part I
The "Caring" Role in A Child Care Center
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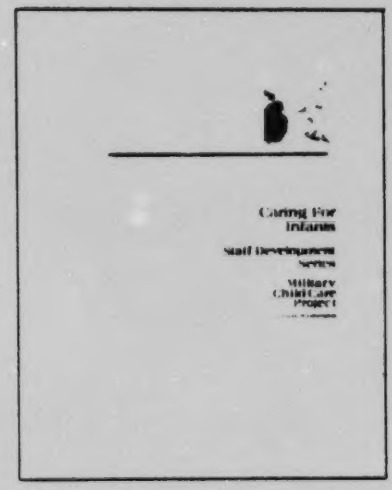
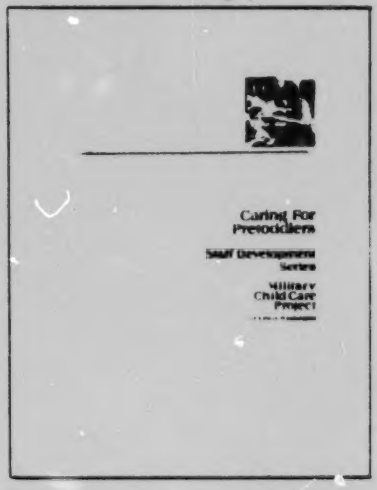
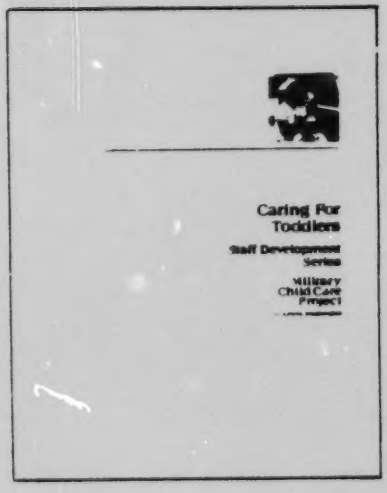
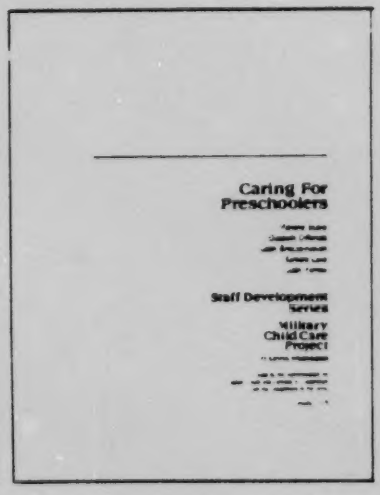
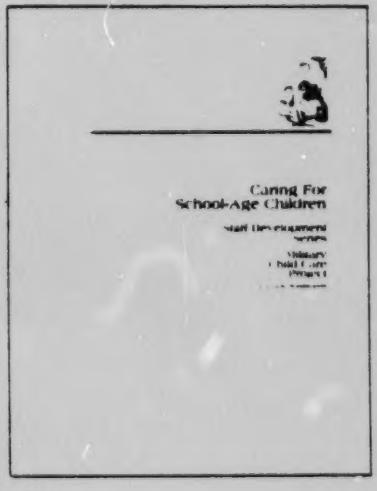
Part II
The "Caring" Role in A Child Care Center
Staff Development Series
Military Child Care Project
Part III











The Staff Development or Child Guidance Series includes six modules

The "Caring" Role In A Child Care Center
Caring For Infants
Caring For Pretoddlers
Caring For Toddlers
Caring For Preschoolers
Caring For School-Age Children

The "Caring" Role In A Child Care Center is a three-part general introduction to parent, child and center relationships. With the exception of this module, there is a companion to each of the Child Guidance modules in the Child Environment Series. A complete description of that series can be found later in this chapter.

The primary objective of the Child Guidance Series is to help caregivers understand the basic developmental capabilities of young children and to learn techniques for providing positive guidance in a child care setting.

The format and method of instruction in the Child Guidance Series is self-paced. Each module includes a PREVIEW and a POSTVIEW. These are the first and last exercises presented to the caregiver in each module. It is through these problem-solving exercises that the caregiver can check individual progress after reading the module.

The body of the Child Guidance module includes SHORT TEXTS discussing major child development concepts followed by descriptions of several SITUATIONS likely to arise in a child care setting. Following each situation are three choices of ways that a caregiver could handle the situation. The caregiver selects the one that seems most appropriate, then turns the page where each choice is discussed in terms of the ideas just covered in the text.

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To help you better understand the organization of the Child Guidance Series a sample of the TABLE OF CONTENTS from *Caring For Infants* appears at the left.

Each module has an INTRODUCTION which gives the caregiver an explanation of how self-paced instruction works and what it means. It also gives the caregiver a brief overview of what information is presented in the module along with instructions as to how to proceed.

The PREVIEW is the first exercise presented in a module. It contains 20 real-life situations, each with three choices of possible ways to handle the situation. The caregiver completes the PREVIEW before reading any further.

Following the first exercise are a series of CHAPTERS that deal with early infant development, meeting the needs of babies from birth to 12 months and caring for infants in a group setting.

Most chapters end with a BUILDING SKILLS section. Several problem-solving situations are presented, each with three choices of positive alternative ways that a caregiver could solve the problem. The caregiver selects the one that seems the best, based on the text that was just covered. On the next page there is a discussion of the three alternatives.

Each module concludes with a POSTVIEW. The POSTVIEW contains another 20 real-life situations matched in concept to the PREVIEW. As in the PREVIEW, the caregiver completes the exercise and then refers to the answer sheet, OUR ANSWERS, to receive immediate feedback and a comparison of his or her answers to the ones selected by the module.

Many chapters in the Child Guidance modules will have a variety of EXERCISES for the caregiver to explore. For instance, the first chapter in the *Caring For Infants* module has two such items - *Believe It Or Not* and *Have Your Opinions Changed?* These are simple, easy-to-do tasks that get the caregiver to think about the many aspects of infant growth and development.

WELCOME to a staff development module written for the "caregiver" or "teacher" in a military child care center. Thoughts and ideas for working with babies will be shared with you in this module, *Caring for Infants*.

Self-paced instruction has been used in this module so you can work on your own and at your own speed. As you begin the module we have included a preview of a few situations with choices of ways to handle them that you may try. Read the situation, think about the solutions, then circle the best answer. You may wish to compare your answers with ours on page 192. Since you are just beginning, work slowly. Remember it is the purpose of the module to allow you to practice making some decisions about your actions in working with babies. We recognize that your experiences with infants will be unique. However, actions that have worked for other caregivers may give you some ideas for handling situations that you may come to in the future.

The preview is followed by several sections of discussions about caring for infants. The first section, "What Should You Know About Early Development," is all about fetal development or the growth that takes place before birth. It ends with a description of the baby during the first six weeks after birth. Before an infant enters the child care center at six weeks of age, it is important for you to understand something about the remarkable events that have already occurred. The second section discusses infants from six weeks to 16 weeks or four months of age. Section three discusses infants from four months until they turn eight months. The fourth discusses infants from eight to 12 months of age. The last section deals with caring for infants in groups.

In most sections of this module; situations that really have taken place with infants in child care centers are described. We provide you with choices of ways to handle each situation. Then, when you turn the page, you will find why we think one answer is better than the others. We recognize that often the right answer is easier to choose when a caregiver has the chance to view the *real* situation with the *real* child. Our hope in presenting these study samples is that you have time to think - before some of these problems occur on the job in the child care center.

-▸

While the situations cannot cover all experiences you might have with infants, the more common or difficult are presented for you to study. It should be noted that solutions presented are not the only possible answers. There are perhaps as many "correct" choices as there are caregivers. This module is a learning tool. It will help you increase your knowledge and understanding of infants. It also will encourage you to think about working with them, and get you to consider the effects of your actions.

At the end of the module you will find another set of situations and ways to handle them. It will be interesting for you to check yourself on what you have learned by comparing the answers you select on the PREVIEW before you read the module with the ones you choose in the POSTVIEW at the end of the module.

This module, *Caring for Infants*, will tell you what infants are like and how you can provide for their needs.

Infants are at the age of fastest physical growth.

SO

Infants need sound NUTRITION to promote good HEALTH.

Infants are born into a strange world.

SO

Infants need to feel SECURE.

Infants are curious and eager to learn.

SO

Infants need to have FREEDOM to move about.

Infants are most comfortable when they know the people around them.

SO

Infants need a STRUCTURE that provides consistent, familiar caregivers.

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At the left is part of the INTRODUCTION to the *Caring For Infants* module. In the INTRODUCTION to each module the word "caregiver" is defined.

Self-paced instruction is discussed along with the purpose of the module the caregiver is about to read.

The general layout of the module is described in the third paragraph to alert the caregiver to its contents.

The remaining paragraphs explain the BUILDING SKILLS sections and how the caregiver is to approach them.

The INTRODUCTION then concludes with a very general outline of what the age group covered in the module is like and how caregivers can meet the needs of those children.

Here are the situations with choices of possible ways to handle them which we promised you. Think about each situation and then circle what you believe to be the best way to handle the situation. When you have finished, you may want to compare your answers with ours (see page 192). By doing this, you will have some idea of what you will learn in this module about caring for infants.

WHAT WOULD YOU DO IF . . .

1. Which statement below best describes the fetus before birth?

   A. The unborn fetus is able to breathe, eat and cry on its own.

   B. The unborn fetus is able to see, hear and touch.

   C. The unborn fetus is helpless. It can do nothing for itself.

2. Gena is three months old. This is her first day at the center. Her mother has told you that Gena is a very fussy baby. She says that no matter what she does Gena just fusses. What might you do to make Gena's day as happy as possible?

   A. When Gena fusses, give her some formula in her bottle.

   B. When Gena fusses, get a fun toy and attract her attention.

   C. When Gena fusses, talk softly while patting her back gently.

3. Shane is five months old. He has been fed, changed and has played for a while. He is beginning to rub his eyes so you feel certain he is ready for a nap. What is most important for you to remember as you get Shane ready for bed?

   A. Change Shane's diaper if needed. Talk softly to him. "First, Shane, I'm going to change your diaper. Then it will be time for a nap." Remove any heavy clothes and put him in his crib to rest.

   B. Change Shane's diaper. Then rock him a bit, perhaps singing a lullaby. When you see his eyes beginning to close, gently walk over to his crib and lay him down on his tummy.

   C. Check to see if Shane's hands and face are clean. Then after getting him quiet, take him to his crib. Tuck him snugly under the blanket and stay close by until he falls asleep.

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The PREVIEW is the first exercise in each module. Following the brief comments at the top of the page are 20 realistic situations that can and have occurred in child care centers. The caregiver reads each situation, circles the answer which seems most appropriate and moves on until all situations are completed. Working through this PREVIEW may take the reader 10 or 20 minutes.

Once the caregiver has finished the PREVIEW the answers considered most appropriate by the experts are provided on the last page in each module.

In this way the caregiver can score the PREVIEW right away and receive immediate feedback.

The concept behind the self-paced modules is that a caregiver who works through the PREVIEW, reads the modules, then works through the POSTVIEW at the end will improve in his or her ability to make good decisions in child care situations. The information on child guidance and practice in decision-making provided by the modules make this improvement possible.

LEARN TO RECOGNIZE SIGNS OF DISCOMFORT

Expect Them To Have Their Fussy Periods

All babies have fussy periods. Even the most happy, cheerful fellow will have his ups and downs. He is no different from you. Such moments will occur at different times with different babies. It may be morning, afternoon or the middle of the night. The infant may be fussing to the point where nothing seems to soothe. Yet, as a concerned caregiver who wants to help, here are some hints.

Try Rocking, Snuggly Wrapping Or Sleeping To Them

With a tiny infant try *swaddling* or wrapping the baby snuggly in a blanket. Holding her close - especially near your heart - and walking back and forth are good, too. These three ways of comforting a young infant remind her of life before she was born. At that time she could

Recognize That Colic Is Painful

Some babies have *colic*. Colic is a severe pain in the intestines which causes baby to cry. As a result colicky babies are fussy and cry more often than not. Why some babies have colic and others do not is not fully understood. Doctors believe babies that are very active and sensitive are more likely to get colic. Sometimes babies who are handled too much - never having time to be alone - are more colicky. Colic can be caused in some infants by swallowing too much air at feeding. Sometimes a colicky baby cannot tell the difference between colic pain and hunger pains. She will suck and cry as if hungry. Usually a baby with colic will pull her legs up or stiffen them as she cries. She should not be given more milk to drink.

Don't Save Comforting For Fussy Times Only

Expect Babies To Outgrow Colic By The Third Or Fourth Month

Babies who are colicky usually outgrow it by three to four months of age. By this time they have learned to swallow better. They discover many interesting things to look at, listen to

Stop Hiccups With A Drink Of Warm Water

Learn Ways To Ease Gas Pains

Check Sleeping Babies For Difficult Breathing

Perhaps you have heard of SIDS. This is short for Sudden Infant Death Syndrome. It is a strange thing that is less understood than colic. It is the sudden death of an infant occurring in boys more than girls, and more often in winter and spring than summer and fall. Yet it can happen to any infant anywhere at any time. A baby may be perfectly happy and healthy when put down for a nap. Hours or only minutes later he is found dead in his crib. There seems to be no warning or crying. The baby just stops breathing. Since it occurs mostly in babies from birth to four months it does not hurt to occasionally check on these tiny infants while they are napping. If you should happen to see a sleeping baby who has stopped breathing, has very slow breathing and/or whose color has turned bluish, give artificial respiration immediately.

Learn To Give Artificial Respiration

Giving artificial respiration to an infant is a little different from giving it to an older child or adult. Lay the baby on her back. Check the mouth and throat to clear it of any objects or mucus. With the head tilted slightly back, cover the infant's *mouth and nose* with your mouth. Make an airtight seal. First, breathe into the baby with four short, quick breaths. Then give the baby a new breath every three seconds or a total of 20 a minute, using short, gentle puffs of air. Remove your mouth between each breath. Look at the baby's chest while feeling and listening for air leaving her lungs. Continue treatment until the infant is breathing by herself. Once the baby is breathing normally, keep her warm. Get medical aid quickly. More is being learned about SIDS every day. Until it can be prevented in all infants, your close observations and quick actions could save a life.

TAKE TIME TO LEARN ROUTINES

Support The Head And Neck When Carrying The Young Infant

Unless you have had practice, you may not know how to hold, diaper, feed or burp a baby. When carrying an infant, hold him so his face is towards you, his head and chest near yours. One arm should be firmly placed around and under his bottom so the baby is "sitting" on your arm. The other arm and hand are then free to support the baby's head and neck from behind. As the infant grows stronger, supporting the neck and head from behind will not be necessary.

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The SHORT TEXTS in the modules are found in each chapter. The TEXTS discuss the most up-to-date knowledge in the field of child development and child guidance.

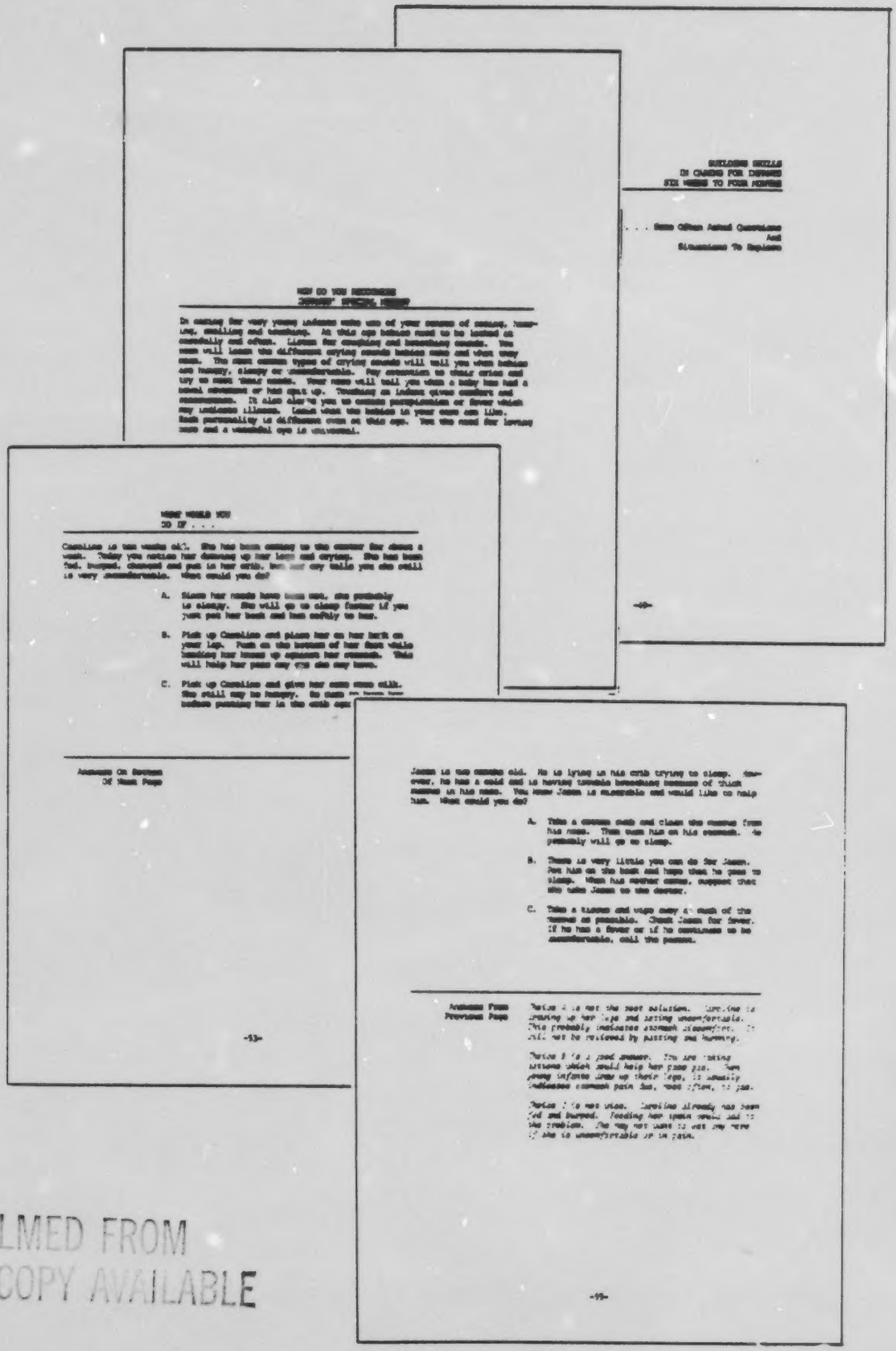
The social, emotional, physical and intellectual needs and behavior patterns of children of the particular age-group covered by the module are explored in great detail. Many examples are cited within the TEXT itself so that theory and reality are constantly brought together.

The language used is very simple. Most of the SHORT TEXTS are written at sixth and seventh grade levels for easy reading and comprehension.

Each major topic within each chapter is easily identified by a HEADING in all capital letters which is underlined and separated by space from the TEXT which precedes it. For instance, the HEADING on the opposite page informs the caregiver that this part of the TEXT will deal with learning to recognize signs of discomfort in babies.

In the far left-hand margins are paragraph CAPTIONS. These CAPTIONS further simplify the TEXT by summarizing the topic discussed in that particular paragraph. Not only do these margin CAPTIONS make for easier reading, but they also facilitate finding topics of interest quickly.

Appendix B of this Director's Manual includes an index of all major topics covered in all of the *Child Guidance Series*. This will permit you to locate SITUATIONS and TEXTS of interest in any module quickly and easily, also.



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The BUILDING SKILLS sections in each module prove time and again to be one of the best liked portions of the Child Guidance Series.

Each of the BUILDING SKILLS sections is preceded by a brief text. In the example at the left from *Caring For Infants*, the brief text is titled, *How Do You Recognize Infants' Special Needs?*

The purpose of the brief text is to summarize and emphasize some of the major ideas presented in the longer text in the chapter.

After reading the brief text, the caregiver turns the page and finds a SITUATION described along with three possible ways to handle the SITUATION. After making the choice which seems most appropriate, the caregiver turns the page and finds a discussion of the strong and weak points of each of the three choices.

The choice of problem-solving SITUATIONS as a staff training strategy is based on the assumption that caregiving, like parenting, is often a problem-solving activity and that problem-solving behaviors improve with analysis and practice.

The SITUATIONS used in the modules were collected in group interviews with actual caregivers. Each SITUATION was chosen because some caregivers found it difficult to handle. By explaining child development and child guidance principles in the text preceding the BUILDING SKILLS sections, the module prepares the caregiver to solve the problem and make the best choice.

Each of these SITUATIONS can form the basis for discussion in staff and parent meetings, as well.

A POSITION

Here are some new situations with possible ways of handling them. Circle the answer you think is correct now that you have worked through this module. You can find out how much you have learned about your role as a caregiver in a child care center by comparing your answers with our answers (see page 192).

AS AN INFORMED CAREGIVER, WHAT WOULD YOU DO IF . . .

1. Sue Ellen is seven months olds. She is an only child and her parents are very protective of her. At the end of her first week in the center Sue Ellen's father tells you that he is not sure if the center is the best place for his daughter. He mentions that on one occasion Sue Ellen's diaper needed changing when he came to pick her up and that some of her food had not been opened. You know that Sue Ellen never went hungry and that her diapers were changed often. How should you respond to the father?

   A. Tell Sue Ellen's father that it has been a very busy week for everyone at the center. Explain that some weeks are like that but reassure him that you and the other caregivers have done the very best that you possibly could.

   B. Tell Sue Ellen's father that Sue Ellen has had a good first week. Explain that you check diapers often, yet a baby can be dry one moment and wet the next. Also, explain that Sue Ellen ate until she seemed full.

   C. Send the father to the director's office. Tell him to discuss his feelings and concerns with the center director. Most likely he is not going to want to hear anything you have to say anyway. You'd just be wasting your time.

2. Which statement below is not true?

   A. The unborn fetus can get the hiccups.

   B. The unborn fetus can suck its thumb.

   C. The unborn fetus can feel the hot sun or a cold wind.

3. Allison, who is two months old, has finished all her formula. She has been burped and changed and has fallen asleep in her crib. Shortly she wakes up fussing loudly. How can you help Allison?

   A. Burp her again and try rocking her back to sleep.

   B. Offer Allison some more formula because she still may be hungry.

   C. Give Allison a pacifier to suck until she falls asleep.

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OUR ANSWERS

6. B
7. B
8. A
9. A
10. C
11. B
12. C
13. A
14. A
15. A
16. A
17. B
18. C
19. C
20. B

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The POSTVIEW is the final exercise in each module. Following the brief comments at the top of the page are 20 realistic situations and more possible solutions. The situations and problem-solving strategies presented in the POSTVIEW are closely matched to those in the PREVIEW.

Once again the caregiver reads each situation and circles the most desirable answer until all 20 situations are completed.

Immediate feedback is then available from the answer sheet, OUR ANSWERS, on the last page of the module. Since the most appropriate choices to the situations have been arranged in the same order in both the PREVIEW and POSTVIEW, only one answer sheet is needed for both.

This does not mean, however, that the concepts or situation topics have also been arranged in the same order. They have not. For instance, situation 1 in the PREVIEW does not deal with the same subject matter as does situation 1 in the POSTVIEW.

Through the basic technique of having a PREVIEW and a POSTVIEW at the beginning and end of each module, the caregiver has an opportunity to score him or herself and compare answers chosen before reading the module to those after reading the module.

Experience has shown that the majority of caregivers do indeed show score improvement. Furthermore, most caregivers find the self-paced approach less threatening and thus are motivated to concentrate on the issues discussed within the module rather than on whether he or she is going to pass or fail. With self-paced instruction there is no pass or fail involved, but rather plenty of chances to review and try out what is being learned.

Appendix A of this Director's Manual includes an index of all PREVIEW and POSTVIEW situations in all of the modules. In addition, the index includes references to the pages of text in each module which will help a caregiver understand each situation.

BELIEVE IT OR NOT

Below are some statements that you may have heard and perhaps agree with yourself. You may have overheard parents of children in the center discuss some of these ideas. However, what seems to be "common sense" may or may not, in fact, be true. Think about each statement and put an X in the first column if you agree with it. Put an X in column two if you disagree. Then turn the page and compare your ideas with ours.

	Agree	Disagree
1. Children who do not walk alone by 16 months of age probably have some sort of physical handicap.	___	___
2. Preschoolers should not be expected to use the toilet or potty chair by the time they are two.	___	___
3. Since preschoolers do not understand many words, it is helpful to talk a kind of "babytalk" that will let them know you understand them.	___	___
4. Children who are not using quite a few words by the time they are 13 months need special help.	___	___
5. Thumbsucking deforms the mouth. Adults should find a way to stop it when it begins.	___	___
6. Even though adults know which foods are needed by one year olds for healthy growth, preschoolers should not be expected to eat everything put in front of them.	___	___
7. Keep a child's hands and face clean at all times. This is particularly important for preschoolers who pick up germs from putting things in their mouths.	___	___
8. From time to time it is all right to give in to a child's temper tantrums.	___	___
9. Preschoolers should not be asked to share with others their own age.	___	___
10. Although one year olds have very little patience, group activities are recommended for children of this age.	___	___

x walk by themselves at 16 months.
some other than a physical problem.
: more timid than most children
ical development in other areas is
, then give children time. Soon
selves.

learn bowel and bladder control
turn two. Remember, each child's
lopment is different.

lpful to any child. It only com-
making correct speech harder to

4. We disagree — People talk in ways besides speaking. Some children learn to speak much later than others. Perhaps they have been able to express their needs or wants simply by pointing or nodding.

5. We disagree — Thumbsucking very rarely deforms the mouth, and then most often in much older children. Preschoolers find thumbsucking to be a source of comfort. While there are things you can do to reduce the time children spend sucking their thumbs, this habit usually will disappear if very little fuss is made about it.

6. We agree — Preschoolers experience a definite slow down in body growth during their second year of life. They also begin to have likes and dislikes in food at this age. Therefore, do not expect one year olds to eat everything you serve.

7. We disagree — It is not very practical to try to keep preschoolers' hands and faces clean at all times. They should be washed before and after eating and certainly after toileting. To be ever on guard with the washcloth is not only impractical, but it can give the children a very unhealthy attitude about their play. They may be afraid to ever play with anything.

8. We disagree — Never give in to a child's temper tantrum. This only will encourage such behavior in the future. Be firm, yet fair.

9. We agree — One year olds simply are not able to share with others. This kind of social development will take much longer for them to learn.

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Throughout the Child Guidance Series EXERCISES of various types can be found which help to break up the solid reading of the text. Each EXERCISE is designed to give the caregiver an opportunity to explore child guidance issues in a way that gets them personally involved.

On this and the pages that follow you will find samples and explanations of the EXERCISES that can be found in the Child Guidance Series.

To the left is a typical "Agree" or "Disagree" EXERCISE - *Believe It Or Not*. The caregiver reads each statement then checks either "agree" or "disagree."

Upon turning the page, the caregiver finds answers with brief explanations why one might agree or disagree with the statements.

LIKE AND DISLIKE SCALE

Place an X in the box that best describes how you feel about the child that is:

The Child Is	I Like Very Much	I Like	I Have No Particular Feeling About	I Don't Enjoy
active				
thin				
friendly				
loud				
cheerless				
sad				
independent				
ugly				
shy				
dummy				
whiner				
curious				
dirty				
slow				
jerky				
talkative				
smelly				
chubby				
alert				
clingy				
unobtrusive				
sickly				

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Explanation:

Now look at the X's you made on the previous page and fill in the following sentences with the words. Here is an example:

The child I..like very much is sad, talkative, sickly, withdrawn, and imaginative.

You may not have enough words for every space or you may have to crowd the words into the spaces we have given you.

The child I like very much is _____, _____, _____, _____, and _____.

The child I like is _____, _____, _____, _____, and _____.

The child I have no particular feeling about is _____, _____, _____, and _____.

The child I don't enjoy is _____, _____, _____, _____, and _____.

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Now that you know which qualities in children you like very much, you like, which you have no particular feelings about, and which you don't enjoy, you are ready to go to the next step. Do as we have done in the following example. First, write down a name of a child you know that fits each description you gave on the last page; then write down a few simple comments that describe what you do with that child.

Example: *Children I like are like Tommy. When I am with Tommy, I often teach him, encourage him and help him with his crystal projects he may have.*

Children I like very much are like _____ (name). When I am with _____ (name), _____.

Children I like are like _____ (name). When I am with _____ (name), _____.

Children I have no particular feelings about are like _____ (name). When I am with _____ (name), _____.

Children I don't enjoy are like _____. When I am with _____ (name), _____.

There is one further step to go. Look at what you did with the child you liked. Were you by any chance like our "Touchable Tina" when you were with the child you liked? What about the child you didn't enjoy? Would we have described you as "Cool-Headed Maidi" when you were with that child? Perhaps you would like to look closer at your other answers as well and think about "styles" of caregiving that you may use when you are with different children.

Our point in doing this is to suggest that "styles" of caregiving may vary from time to time depending upon the child or children you are with. Be aware of your own feelings about differences and help all children feel that they are liked and their differences accepted.

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At the left is an EXERCISE from *The "Caring" Role In A Child Care Center* module which has been divided into three parts. The caregiver must take a look at his or her attitudes and behaviors toward children in these exercises.

This EXERCISE has proven to be difficult for many caregivers. They find it hard to admit or put into words the fact that they do like some children more than others or that they are attracted to certain children more than they are attracted to others.

However, upon completing this EXERCISE caregivers are more receptive to being open and honest about their feelings. Once they can admit those feelings to themselves, they are better able to deal with them and function as better child caregivers.

STYLE SCALE

Circle the number which you feel best agrees with what you believe or do.

	Usually True	Sometimes True	Seldom True
1. While talking with children, I touch them.	1	3	5
2. Children should take part in rule making.	1	3	5
3. Children should not be punished for their wrong doings.	1	3	5
4. Children's learning takes place all of the time, both during planned and unplanned activities.	1	3	5
5. When I am telling a child what to do, I usually start with "I ....."	1	3	5
6. Children should be allowed to make their own choices.	1	3	5
7. I believe children should be praised and encouraged.	1	3	5
8. The plans for the day should be able to be changed.	1	3	5

Total Score _____

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...ual differences. Respect each baby for her special qualities that make that baby and unlike any other child of the past, t or future.

LEARN THE SEQUENCE OF DEVELOPMENT

Below is a list of eight events in infant development. Put them in the order in which they occur most of the time. Think of the average infant, not the baby that is the exception to the average. Put a "1" after the event that would most likely occur first, a "2" after the one that would come second, and so on down the list. The correct order is at the bottom of the page. The pages on which the answers can be found are also given below.

A. Crawls on hands and knees _____

B. Turns head to follow a moving object _____

C. Sits alone without support _____

D. Learns to "recognize" main caregivers _____

E. Takes first step alone _____

F. Stands without holding on _____

G. Reaches for objects with open hands and brings them to mouth _____

H. Rolls over from back to stomach _____

1. D (22) 2. B (33) 3. G (34,35) 4. H (71) 5. C (72,105) 6. A (72) 7. F (105) 8. E (105)

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The *Style Scale* in *The "Caring" Role* module has proven most effective in stimulating caregivers to think about their personal styles as they relate to children and child care in general.

Such EXERCISES often help caregivers to focus directly on how they behave when they are in the child care setting. Many worthwhile discussions among caregivers have been prompted by using just such an exercise.

Learn The Sequence Of Development, from the *Caring For Infants* module, is an example of still another type of EXERCISE found in the Child Guidance Series. Here the caregiver must list from "1" to "8" the order in which each stage of infant development is likely to occur. The answers are then inverted on the bottom of the page.

This type of activity serves as a summary to the chapters on infant development that precede it. It gives a caregiver a chance to test his or her knowledge and, when in question, refer to the page number on which the answer can be found.

THEY REQUIRE PATIENT, ALERT, EMERGETIC CAREGIVERS

Here are some statements that caregivers of toddlers have made. They tell how and why toddlers behave. Consider each one. Think about your own feelings. Realize that these are typical, real-life examples of toddler behavior. Ask yourself if you feel you could deal with these kinds of normal, everyday events. Put a Number 1 by the situation or part of a caregiver's job that would be most difficult or tiring for you; a Number 2 by the second most difficult and so on through Number 10.

___ Changing diapers and training pants are a part of toilet learning for all two year olds.

___ Because toddlers cannot walk or move as quickly as adults they need to be helped along from one place to the next. It takes longer to get things done. They like to dawdle.

___ Since two year olds are shorter than adults, it is necessary to stoop over a lot or kneel down to their size to hear what they are saying or to lift them up so they can see or touch something.

___ Because toddlers always are on the go and into everything, including things that could be dangerous for them, they need to be watched like a hawk. You must keep your eyes on them constantly.

___ It is difficult to help two year olds with their problems because they cannot yet talk well. Their crying and screaming can be confusing.

___ Toddlers have not learned how to play with other children yet. Often a little two year old can be seen off in a corner by herself looking as though she would like to play with the others.

___ Two year olds may stuff things into body openings like ears, nose or mouth. You never know what emergency you will have to handle.

___ Two year olds often insist they can do things you know they are not old enough to do. They are trying to be independent.

___ Toddlers love to take off their shoes and socks over and over again. You are the one who will have to help put them back on every time.

___ Toddlers are always asking "Wa dat, wa dat?" even when you know they already know the answer to their own questions.

ILD YOU BE ALARMED IF . . .

- a toddler near three plays alone, never with or near other children?
- a two-and-a-half year old cries every time his mother comes to take him home?
- a toddler makes social contact with others only by hitting or kicking?
- a toddler never wants to be hugged, kissed or touched in any way?
- an older toddler never is able to solve simple tasks like pulling on his socks?
- a two-and-a-half to three year old never talks?
- a toddler is upset easily when the slightest thing goes wrong?
- a two year old never can settle down for a nap even when she should be tired?
- a toddler, almost three, is not able to keep his pants dry during the day?
- a child is very small or underweight for her age?

Two year olds develop at different rates and in different ways. So no one or two of the above behaviors in a toddler should be cause for alarm. However, from time to time you may notice a child for whom many of the above or similar statements fit. In this case it would be wise for you to bring that child to the director's attention. The director then will decide what steps, if any, should be taken. You will have performed a very necessary step. You will have helped the child care center get aid for a child in need of special help. You are the one in the center who sees the child most frequently. You are in a very good position to notice things in the child's behavior that others may not. So take yourself and your abilities seriously for you are an important part of the child's life.

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At the left are two EXERCISES from *Caring For Toddlers*. The first is another type of ranking activity, but unlike some, there is no one correct order. The order is determined by the individual caregiver.

Such a device allows caregivers to think about the more challenging aspects of caring for a child of this age. It helps them to examine their own thoughts and feelings as well as discover that what one person finds most difficult is not at all difficult to another.

Should You Be Alarmed If... is a common EXERCISE used throughout the Child Guidance Series. It is yet another way to stimulate the reader's mind to giving some thoughtful consideration to the wide range of developmental differences that can and do exist among children of all age groups.

When the children like and admire a caregiver, they will follow what he says. They will value his praise and will behave in a way to win that praise. Children will view you as a likable model when you are warm and friendly with them. When you make them feel important and secure, they will be open to seeing you as the kind of person they want to become. When they see that you have fun in your job as a caregiver, they will enjoy being with you and being like you.

Children view a caregiver as a model when he is consistent in the rules he makes, flexible in understanding new situations, and above all, patient in new learning situations.

Finally, children view the caregiver as a good model when he is honest about how he is feeling and shows his feelings in his face, body, and actions. When he is angry, his face shows it; when he is happy, he smiles.

What Kind Of Model Are You?

Check the behaviors below that you usually model and describe.

Make a check mark if you usually...

__ Question rather than tell.

__ Often say please and thank you.

__ Explain and show how before expecting a child to do a task.

__ Praise or compliment, even for small steps in the right direction.

__ Answer questions when asked.

__ State "I was wrong" when you were.

__ Speak to children as politely as you speak to adults.

__ Accept people who look and act differently.

__ Talk about others in positive terms.

Remember! No one is perfect. It's what you do most of the time that counts.

Be Aware Of Your Own Reactions

PAY ATTENTION TO FEELINGS

Here is a short story that really happened to a preschool girl who needed to feel "cared for." Read the story, and then try to imagine you are the caregiver and fill in the lines below.

It is 8:30 a.m. in the preschool room at the child care center. This is four-year-old Jenny's first day back at the center since her mother's death one week ago. Since arriving this morning, Jenny has played with the tablecop toys and has not spoken to anyone. You now notice she is playing and talking with Suzy in the housekeeping corner. Moving closer, you hear Jenny say, "You be the mother. I'm dead. You are dead." Suzy lies down on the floor and Jenny stares intently at her. Tears begin to form in her eyes and she says to Suzy, "Wake up, I want my breakfast." Suzy continues to lie quietly on the floor and Jenny repeats her demand. When she does not get up, Jenny kicks her. Suzy then begins to cry and says, "You said I was dead."

I feel _____

_____

_____

_____.

I personally would _____

_____

_____

_____.

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A simple checklist is always a useful EXERCISE. *What Kind Of Model Are You?* from *Caring For Preschoolers* is a good example.

In the second EXERCISE on the opposite page the caregiver must read a short story and then, in writing, put personal thoughts and feelings down on paper. This is a very valuable technique especially when dealing with sensitive subjects such as death and divorce.

The caregiver must not only put feelings into words but is asked to make a recommendation or at least tell what he or she would do in a similar situation.

These and similar EXERCISES engage the readers in active participation rather than passive reading as they work through the modules.

BE POSITIVE WITH CHILDREN

Saying things in a positive way gets better results and protects a child's self-image, too. For example, rather than saying, "Don't hit him again," you might try, "Keep your hands to your sides." Below each statement write a more positive way of saying the same thing.

1. "If you keep interrupting me you won't get a turn."

2. "I told you you'd have to leave the game if you don't stop tripping others."

3. "If you won't stop teasing no one will like you anymore."

4. "If these tables and chairs aren't put back where they belong this will be the last time I will let you play with them."

5. "All of you stop talking. If I have to warn you one more time we just won't do this."

NOW TURN THE PAGE
AND SEE HOW OUR IDEAS COMPARE WITH YOURS

WHAT DOES YOUR BEHAVIOR SAY TO CHILDREN?

Sometimes it is hard to see ourselves as children see us. It also takes a lot of practice to react in a positive way to their behaviors. However, as you can see, adults who work with young children need to be aware of how their behaviors might affect a child's self-image. The two lists below describe adult attitudes or behaviors. The "A" Column lists some qualities that *discourage* children from developing into trustworthy, respected and caring adults. The "B" Column lists qualities or behaviors that *encourage* children in these areas. Look at both columns carefully. Draw a circle around the items in each list which you think describe you.

Column A	Column B
rejecting	showing affection
suspicious	firm (without overpowering)
belittling	consistent
critical	happy
authoritarian	considerate
nagging	patient
overprotective	trusting
discouraging independence	accepting
encouraging extreme conformity	being a good listener
controlling	relaxed
punishing	democratic
unaccepting	fair
rewarding fearful behavior	respecting self and others
lacking a positive self-concept	giving of self freely
rigid	setting a good example*

Now, look at Column A. Note the things you circled. Start today to *eliminate* these behaviors, one by one, from the list. In Column B make note of the things you *did not* circle. Begin to *add* these behaviors one at a time to the list. Make it a habit and see what kinds of changes you are able to make in your own self-concept.

*Adapted from *Responsibility and Morality - Values Children Become Responsible and Moral*, L. C. Jensen & K. M. Hughston, Provo, Utah: Brigham Young University Press, 1979, p. 35.

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Be Positive With Children, taken from *Caring For School-Age Children*, helps the reader focus on positive instead of negative ways to talk to children.

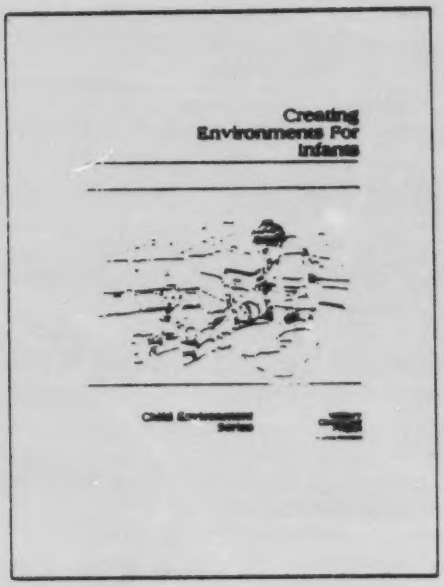
This activity follows several pages of discussion about the reasons for stressing positive instead of negative language around children.

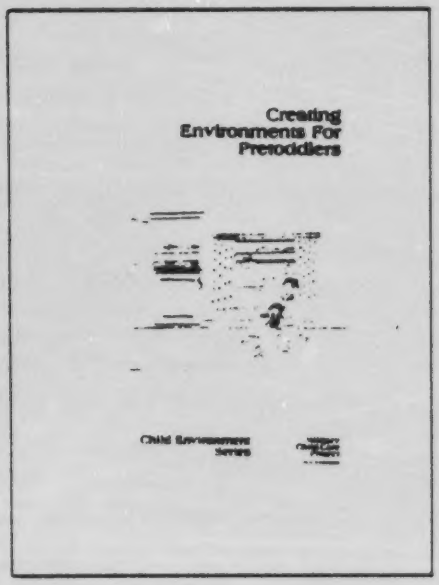
What Does Your Behavior Say To Children? is another example from the same module. Here caregivers circle those descriptive words that best describe themselves.

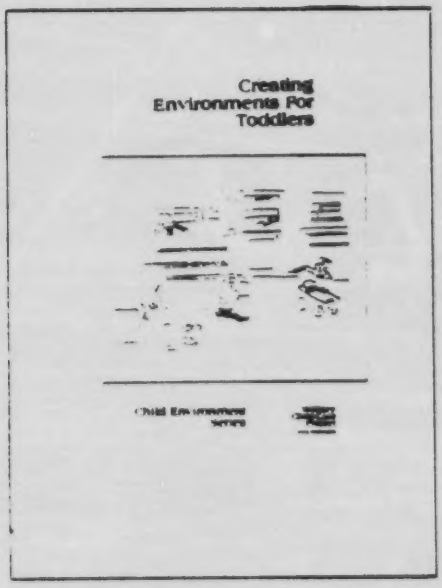
Following that task they are instructed to begin now to eliminate the less desirable caregiving behaviors in favor of the more desirable ones. And as in any of the EXERCISES that require self-analysis, the reader is encouraged to make progress in a very personal, private way.

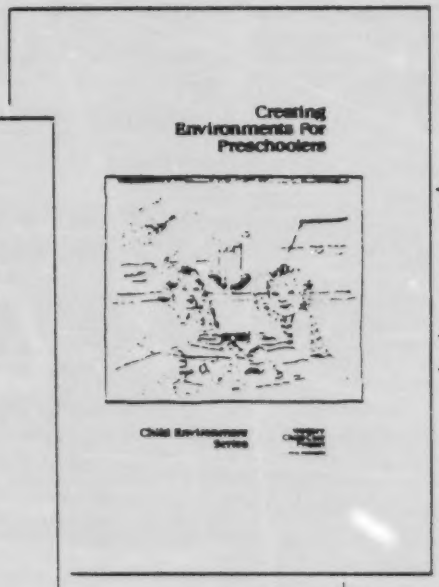
From the examples provided on the last several pages, it becomes clear that the Child Guidance Series offers a wide variety of EXERCISES that can stimulate readers. In the next chapter are suggestions of ways these EXERCISES can be used as the basis for workshops, group training sessions or even parenting classes at the child care center.

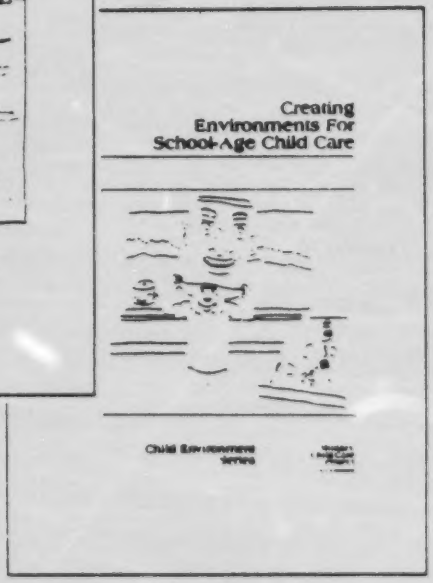
Child Environment Series











The Child Environment Series includes five modules. Each has a companion module in the Child Guidance Series. The titles of the Child Environment modules are

Creating Environments For Infants
Creating Environments For Pretoddlers
Creating Environments For Toddlers
Creating Environments For Preschoolers
Creating Environments For School-Age Child Care

The Child Environment Series is designed to help caregivers learn how to plan and manage group child care in center settings. The Series focuses on the total environment of a child care center and on the importance of providing opportunities for exploration and creative play. Each module introduces the subject of environments by calling attention to how surroundings affect people. Then each suggests ways that are appropriate to the particular age-group covered by the module to

arrange space indoors and outdoors.

select and use challenging, but safe equipment.

plan and use color, lighting, surfaces and textures to advantage.

manage child care routines, play and activities.

be sensitive to individual, cultural and developmental differences.

be aware of developmental milestones and how to support growth and development through play.

find and use materials in creative ways.

find and use available resources.

This Series is best suited for staff members who already have covered the information in the Child Guidance Series. It usually is the more experienced staff members who make decisions regarding program, schedules and arrangement of the environment.

As a director, you may find the modules useful in helping your staff plan and arrange space and equipment in the center.

TABLE OF CONTENTS

INTRODUCTION

ABOUT THIS BOOK

PART I PLANNING YOUR CENTER'S PHYSICAL ENVIRONMENT

RECOGNIZING THE IMPORTANCE OF ENVIRONMENTS

ARRANGING SPACE FOR INFANTS

USING MATERIALS IN CREATIVE WAYS

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The TABLE OF CONTENTS reveals the basic plan of each module. All modules in the Environment Series follow the same basic organization. Each is made up of two major sections, *Part One: Planning Your Center's Physical Environment* and *Part Two: Adding The Human Touch To Center Environments*.

PART ONE includes basic or background information about how to plan and use indoor and outdoor environments for children in group care. The recommendations for planning and using space in the center are based on what children of different ages can and like to do.

PART TWO outlines the details needed to run a quality child care program. These include everything from managing routines to planning daily activities. Developmental stages are discussed so that caregivers can plan their own programs based on this knowledge and on the program ideas included in the module. This section also touches on the human element, emphasizing the importance of adults and other people as an integral and important element of the environment.

Nearly every page has a HEADING which is listed in the TABLE OF CONTENTS. These HEADINGS suggest the subject or concept discussed on that page. This should help readers find a topic of interest quickly.

The Environment Series presents information with TEXTS, ILLUSTRATIONS and CHECKLISTS. Each module is packed full of information. It is unrealistic to recommend that anyone read and digest the contents in one sitting.

Caregivers can use the modules independently or directors can use them as a basis for staff discussions. Over time, staff might want to refer to a specific page or section and try ideas in the center. Directors can use all or parts of each module for staff training sessions.

PLANNING YOUR CENTER'S PHYSICAL ENVIRONMENT

PART ONE

In PART ONE you will discover:

- how environments affect feelings and behavior
- good ways to organize infant care to offer infants a variety of experiences
- checklists for rating your center's environment

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RECOGNIZING THE IMPORTANCE OF ENVIRONMENTS

-7-

The same basic CHAPTER TITLES appear in all modules. Similar concepts are presented in each but are appropriate to the ages covered in the module. The chapter titles and topics covered in *Part One: Planning Your Center's Physical Environment*, in each module are

Recognizing That Environments Are Important

This CHAPTER presents some interesting facts and examples to stimulate interest in and awareness of the importance of environments both to adults and to children.

Arranging Space For....

This CHAPTER presents basic information on plan ning space for the group care of young children. It takes into consideration the special needs and developmental capabilities of particular age groups. The chapter presents the big, overall picture of how to organize space, suggesting ways to use walls, floors and the arrangement of play equipment to create an enriched learning environment.

Making Centers Liveable

Caregivers and directors will find suggestions for ways to make their center spaces homelike and liveable for young children. The emphasis is upon softness, warmth and flexibility - all those things which make the group care environment more interesting and comfortable.

ADDING THE HUMAN TOUCH TO CENTER ENVIRONMENTS

PART TWO

In PART TWO you will discover:

- tips for managing the infant environment
- safe toys and equipment
- ways to support personal and individual differences
- some suggested books and materials

SUPPORTING AND RESPECTING DIFFERENCES

The second major module division, *Part Two: Adding The Human Touch To Center Environments*, includes the following chapters

Managing Environments

Here are suggestions for keeping track of children's schedules, managing routines, as well as planning for the health and safety aspects of group care management. This CHAPTER covers the basic details that contribute to a smoothly running center program.

Supporting And Respecting Differences

This CHAPTER deals specifically with people as a part of the environment, including caregivers, children and other adults. Included are suggestions for ways to handle sensitive subjects such as death and divorce as appropriate to each age level. Other subjects include children with disabilities, sexism and multi-cultural activities and objectives.

Encouraging Development Through Play

Beginning with a list of developmental milestones, this CHAPTER suggests approaches, activities and play that are suited to children at a particular age. The point is always stressed that within any one age group there is a wide range of skills and abilities.

Using Materials In Creative Ways

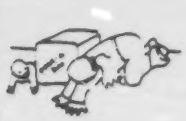
Caregivers and directors will find this CHAPTER useful for daily planning. Here are suggestions for activities, music, books and the like that are basic to any quality, developmental group care program.

Finding Resources To Support Caregiving

This CHAPTER suggests ways that caregivers can find and use scrounged materials. In addition, a selected list of books, records and materials, as well as ways to locate them, provides readers with sources of additional information.

PLAY MEMORY GAMES

Infants begin at birth to develop the ability to think about or remember things which are out of sight. During the second half of the first year, an infant uses this power to recall a mother or main caregiver who is out of sight. At nine or ten months, a baby can find objects which you hide under a blanket. An infant likes the game of peek-a-boo because it tests the baby's memory in a very short and fun way. As this memory skill develops, infants show a change in behavior. Around six months babies begin to recall familiar faces. A stranger face may cause a six-month-old baby to cry. Younger babies smile at almost any human face.



Here are some simple hiding games you can play with infants:

Where's baby? This game is easy to play with a light-weight blanket or scarf. Simply cover the baby's head. Lift the cover quickly while you say, "Where's Amanda?" The longer you and a baby have played the game, the longer you can leave the infant covered.

Peek-a-boo Infants love to play this simple hiding game. At first, adults will have to do the hiding. Later infants will peek around the side of doorways, furniture or their hands.

Hide-and-seek As soon as infants are crawling, they can learn to play hide-and-seek. With an eight month old, you can hide behind something. Then call to the baby. Let the infant come and find you.

Hide toys You can have fun hiding toys. For an infant at about eight months try hiding a toy while the baby is watching. Baby will have fun finding the toy! You can put a toy in a box and see if a ten month old can open the box to find the toy. Be sure the lid comes off the box with ease. Use a cardboard tube to make a tunnel. Put a toy in one end and see if an 11-month-old baby will watch for it to roll out the other end.

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The straightforward format used on a majority of pages in each module makes finding and understanding contents a fairly simple matter.

The PAGE HEADING is a brief summary of the concept to be developed on that page. As stated earlier, each HEADING appears in the TABLE OF CONTENTS for quick reference.

The TEXT is written in simple, easy-to-read prose. The top left paragraph introduces the reader to one idea, such as how to manage the diapering area or how to use a flannel board.

The items on the lower right of the page are examples or main points which develop the concept in the above paragraph. At a glance, readers can recall the highlights of a subject or find a list of useful "curriculum" ideas or activities related to the main theme on the page.

PLAN OUTDOOR PLAY AREAS ESPECIALLY FOR INFANTS

Fresh air benefits both infants and caregivers. In some northern climates with cold winters, adults make a point of bundling up their infants and taking them out daily. Trees or shelters are good for shading babies from the hot sun. Bushes, fences or walls provide protection from the wind. The Pacific Oaks College in California has given careful thought to outdoor environments for infants.* They have found ways to keep babies safe without having to restrict them. Their design is based on using different textures, surfaces and levels of difficulty. Each infant naturally selects the best place to play. One section is a grassy area, which is a safe spot for all infants. Next to this, crawling infants find a wooden pathway. This separates the grass from sand. The wood slats of the pathway are just a few inches above ground. Babies will spend time experimenting and crawling here. By the time the infants learn to get over the pathway, they are past putting everything in their mouths. The sand area becomes a safe place for them to play. Beyond the sand are new challenges. The more skilled infants find slight ramps next. This plan has proven to allow for different play without undue risk to any infant.

*Adapted from Cohen, U., McGinty, T., & Moore, G. T., *Design Studies of Child Play Areas and Child Support Facilities*. Milwaukee: University of Wisconsin-Milwaukee, Center for Architecture and Urban Planning Research. 1978.

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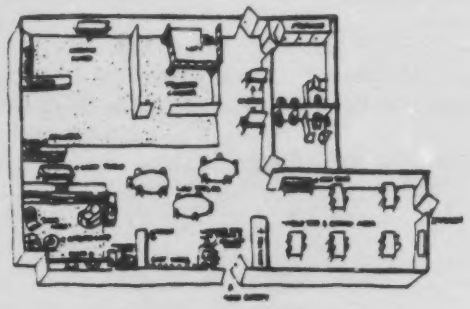
Each module is ILLUSTRATED with line drawings which help the reader visualize what is being talked about. For example, the ILLUSTRATION to the left shows one way to design an infant play area.

The ILLUSTRATIONS are used to help the reader form a picture of what is being recommended or explained. They are not necessarily reproductions of "perfect" environments, but are intended to suggest some ways to arrange or use space which follow the guidance given in the module.

TAKE A LOOK AT ONE INDOOR SPACE

This plan shows a preschool room in a military child care center. The children have access to another large indoor space for active play and naps and an outdoor play space. See if you can spot the strong and weak points of this room. Compare your thoughts with those listed below.



STRENGTHS

different play areas allow for a variety of activities

private space for one child

loft four feet high adds a second level

well-defined, comfortable book area

block area out of main pathway

rug and tile provide different surfaces

child-size tables, sinks and mirrors in bathrooms

direct access to outdoor play area

WEAKNESSES

not enough windows to outside

paint cannels in a main pathway

low tables need shelves or storage with things to do nearby

pathway around low tables may encourage running

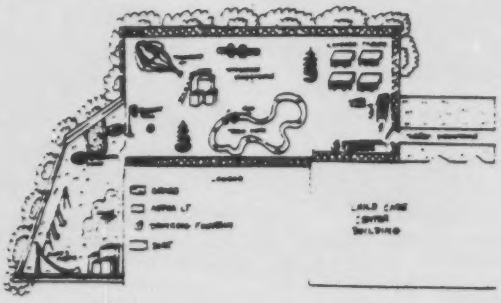
one bathroom with lower walls would improve supervision

sand table, a noisy activity, is too near the book area

eating area not inviting for small group conversations

TAKE A LOOK AT ONE OUTDOOR PLAY AREA

The plan below shows a preschool outdoor play area at a military child care center, located in a mediterran climate. The play area took its shape as a result of having been located in the only space available. See if you can spot the strong and weak points of this play area. Compare your thoughts about its strengths and weaknesses with those listed below.



STRENGTHS

child-sized drinking fountains

outdoor storage

both grass and hard surfaces

clear path to climbing structures at end of slide

swings safely located away from other play areas

trees, small hills, slide and climbing units add levels

some moveable loose parts for creative play

shrubs and different types of fences add interest to boundaries

WEAKNESSES

lacks easy access to indoors and bathrooms

needs clear organization into different sized areas

lacks small-group activity areas

needs a private space or two

hard to supervise all areas at once

needs more sheltered or covered areas

trike path is main pathway

climbing unit unsafe on asphalt

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DRAWINGS OF PLANS for indoor and outdoor play areas appear in all modules except for *Creating Environments For School-Age Child Care*. These PLANS are intended to stimulate thinking about space and different ways to use it. The PLANS are not meant to be perfect. Experienced caregivers will be quick to detect flaws in design and arrangement.

A list of strong and weak points accompanies each PLAN. These lists can stimulate thought and discussion about what works best and why.

A PLAN taken from one of the modules could be the basis of a staff training session. The page numbers on which these PLANS can be found in the modules are listed in Appendix C of this Director's Manual.

CHECK YOUR INFANT AREA MANAGEMENT SYSTEM

Use the checklist below to help you look at and think about ways to manage your infant environment. Think about how to improve the management system for any items not checked.

___ each caregiver knows assigned duties and responsibilities

___ duties include playing with individual infants

___ regular schedule established for routines and activities

___ a caregiver greets every parent and infant
  ___ whoever is free ___ a specific caregiver

___ daily communication with parents is planned
  ___ records/charts ___ report forms ___ bulletin board

___ routines for drop-in care are adequate
  ___ wall charts ___ name tags

___ routines/regular schedule for meals and snacks
  ___ hands washed before feeding each infant
  ___ records kept of feeding schedules and food eaten
  ___ no infant left unattended

___ diapering routines planned
  ___ diaper checks every hour ___ changing surface disinfected
  ___ hands washed after each change ___ records kept

___ sleeping area routines established
  ___ records kept ___ cribs babies moved ___ cribs disinfected

___ play area adequate
  ___ crawling surface clean and free from drafts
  ___ hazards and broken toys removed
  ___ only safe toys and equipment used

___ caregivers regularly conduct safety ar
  ___ emergency procedures posted
  ___ cleaning supplies locked in close
  ___ floors and surfaces cleaned regul
  ___ evacuation drills conducted
  ___ no electrical cords or outlets wi
  ___ caregiver belongings locked
  ___ all equipment and furniture safe
  ___ caregivers have up-to-date first-

-58-

HAVE FUN WITH BABIES

Infants learn a lot by playing with a variety of toys. Toys are important, but nothing can replace contact with loving, caring people. Caregivers who have fun with and enjoy infants can provide something which no toy ever can. Below check the activities that you regularly play with the infants in your center. Add the number of checks that you have made and put the total at the bottom of the list.

___ play "Peek-A-Boo"
___ play "Pat-A-Cake"
___ play "This Little Piggie"
___ play "Where's Baby's Nose?"
___ sing a song
___ say a rhyme
___ coo and gurgle
___ whistle
___ hum
___ blow on baby's skin
___ make a funny face
___ make funny sounds
___ crawl with the babies
___ let babies crawl on you
___ lift baby gently in the air
___ use hand and finger puppets
___ move toy animals and make animal sounds
___ make a big deal of looking for a lost toy
___ hide a toy under a blanket
___ play games in a mirror
___ blow bubbles on a windy day
___ tickle baby with a feather
___ make a doll dance
___ kiss and hug baby

___ TOTAL

20-24 You probably enjoy caring for infants. Keep up the good work!
11-19 Congratulations for each item you checked. Can you add any items to make life more fun for you and the infants?
 7-10 Why so serious? Learn to make caring for infants more fun for both you and them.

-42-

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The major exercise for pulling together what has been learned in each module section is a CHECKLIST. Every chapter in all of the modules with the exception of the *Finding Resources* chapter, ends with a CHECKLIST. These CHECKLISTS usually review the contents of the chapter or, less often, present new information.

Caregivers or center directors can use the CHECKLISTS to evaluate a particular environment or program feature. The CHECKLIST at the left, *Check Your Infant Area Management System*, for example, highlights the basic details needed to get through the daily routines for infants in group care.

Occasionally CHECKLISTS appear within a chapter. In some cases, these are tools for caregivers to evaluate their attitudes, knowledge or skills. One of these CHECKLISTS - *Have Fun With Babies* - which appears on the left here, asks caregivers to think about the creative ways they play with babies.

Other CHECKLISTS serve as further guidelines for checking the center as an environment which provides quality care for children in a group. For quick reference, you will find a listing of all CHECKLISTS and other EXERCISES in Appendix C in this Director's Manual.

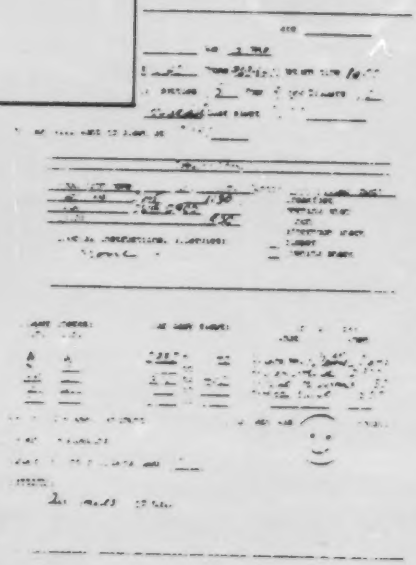
Below is a sample daily chart used in a toddler room in a military child care center where many children are cared for on a drop-in basis. The chart is designed both to keep track of the changing enrollment and to be reusable. The chart is covered with clear plastic and marked with a washable pen or wax pencil. As each child arrives, a caregiver enters a name and the other information. This is erased as each child leaves the room.

A SIMPLE DAILY CHART FOR A TODDLER ROOM

Parents often base their opinion of the center on what they see and hear during the few minutes when they are dropping off or picking up a child. So how caregivers set up the receiving area and manage the entry and exit routines is particularly important.

FORMATION/CENTER REPORT form. Such a form
ey recording and exchange of information
ers in the center. This kind of communication
ontain high-quality care.

AILY INFANT CARE RECORD



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Included in the modules in the *Managing Environments* chapters are useful CHARTS which can help with management of child play areas. Some of the CHARTS are designed to go on the wall in the child play area, others are for use by caregivers and parents to assure that communication about each child is clear and accurate.

Caregivers and directors can copy or modify these CHARTS for their own use. The CHARTS in the modules are CHARTS actually used by centers providing group care.

BE SURE INFANT EQUIPMENT MEETS SAFETY STANDARDS

Use the checklist of safety features below to rate the safety of the furniture and equipment that the infants use in your center. Remember, it is often how adults use equipment, rather than defective equipment, that leads to accidents. No infant should be left for long periods of time in any one piece of equipment.

CARRIERS (for tiny babies)

___ holds baby in front of adult
___ soft, washable fabric
___ head support
___ adjusts to fit baby

FRAME BACKPACKS (for babies who can sit alone)

___ seat higher than leg holes
___ seat belt or restraining strap
___ padding on frame in front of infant's face
___ padding on shoulder straps
___ seat places baby in middle of adult's back
___ all rivets and leathers held securely
___ fabric and stitching is durable

CRIBS

___ rounded slats
___ slats no more than 2 3/8" apart
___ raised top rail 26" from mattress
___ snug fitting mattress
___ lead-free, non-toxic paints and materials
___ no sharp or rough parts or edges
___ no breakable plastic balls
___ no loose teething rails
___ drapeside hardware securely
___ no pillows

BUMPER PADS

___ at least six ties
___ no long ties to dangle in crib
___ used only with infants who do not pull themselves up

HIGHCHAIR SEATS

___ only used on table top or counter if bolted down
___ base wider than seat
___ sturdy frame
___ back rest locks securely in each position
___ seat belt crosses both crotch and body

THINK ABOUT YOUR REACTIONS

HOW DO YOU FEEL ABOUT MESSY THINGS?

Think about how you would react if you saw a toddler doing each of the things below. Put a 1 next to the behavior that would be most annoying to you or which you would try to prevent. Put a 2 next to the behaviors that would be acceptable or which you would not try to prevent. When you have finished thinking about how you would react to each situation, go back to those which you rated with a 1 and check the reason that you think most closely explains why you feel the way you do.

You notice a toddler doing the following:

	Upsets work for me	Not good for toddler	Toddler's parents would object
___ tracing a large circle with soap on a mirror by the sink	___	___	___
___ "painting" a moustache on her upper lip with chocolate pudding	___	___	___
___ trailing the sleeves of his shirt across the wet paint on a picture	___	___	___
___ stirring her mashed potatoes round and round her plate with her fingers	___	___	___
___ jumping into a puddle of water on the playground	___	___	___
___ pushing the hair out of his eyes with a hand covered with flour paste	___	___	___
___ wiping a hand covered with finger paint on his pant leg	___	___	___
___ drawing on a tabletop with a felt-tip pen	___	___	___

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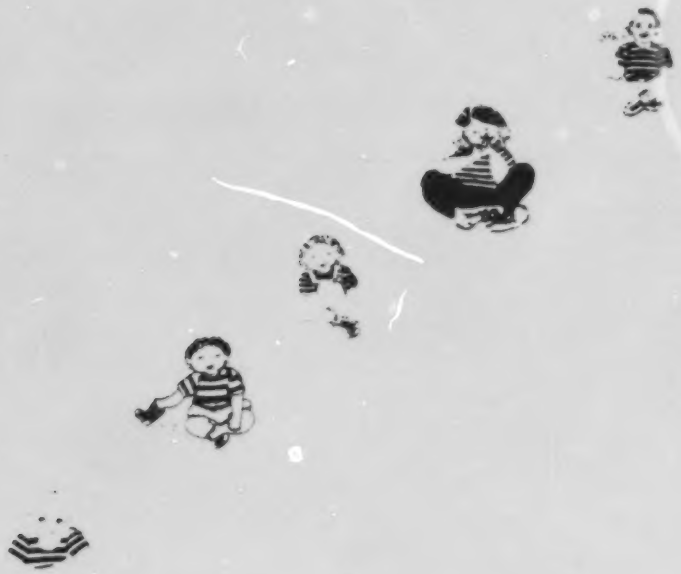
Scattered throughout each module are little characters.



You will notice that in each module, the character is a representative of the age group covered by the module. You will find this little person sitting at the top and bottom of various pages.

At the top of a page, the figure signals readers to stop and take note of the CHECKLIST or ACTIVITY below that calls for a little extra attention or thought.

At the bottom of a page, this small figure calls attention to an important fact or asks the reader to give some thought to a special question.

MAKING
A TRAINING PLAN
FOR YOUR CENTER

When developing a staff training program it is imperative that whatever plan you settle upon be suited to the needs of your center. Since each center has unique characteristics, a plan that works well one place may not be the answer elsewhere. Children, parents and staff must all be considered when one plans a training program.

Of equal importance to staff training are the needs, interests and talents of the center director. Here again, the director must know his or her own style - strengths and weaknesses - and be able to design a training program that fits that style best. A training program will be successful only if the center director feels comfortable with the chosen plan.

The materials developed by the Military Child Care Project in the Child Guidance and Creating Environments Series make a good foundation for any center training plan. Let these modules be the basis for your staff development program.

There are many different ways to use these modules. Availability of extra staff and money are always two major considerations in designing a staff training program. Also, the director's workload and ability to conduct training sessions will have a bearing on how extensive a training plan can be on any given installation.

INDIVIDUAL TRAINING PLANS FOR EACH CAREGIVER

The most obvious approach to the Child Guidance and Child Environment Series is to have caregivers work through the modules individually at their own speed. This is the initial way in which the modules were intended to be used. However, this is not the only way in which they can be used.

In the self-paced approach, caregivers read and study each module on their own. This can be done at the center in one two-to-three-hour sitting; the module can be taken home and studied, or a combination of these two approaches may work well. In any case, the main method used is self-paced learning.

In planning a systematic staff training program using the self-paced modules in the series as the basis, you will need to consider how you want caregivers to read and use the modules. You may want the caregivers to go through the two Series of modules in a particular sequence which seems most useful for their particular job requirements. For example, during an initial staff orientation period you may want to give all caregivers new to your center a copy of

- *Center Employee Handbook*
- *The "Caring" Role In A Child Care Center*
  - *Part I - Orientation*
  - *Part II - Relating To Parents*
  - *Part III - Relating To Children*

When they have been assigned to a particular area of the center, you may want to give them the module in the Child Guidance Series which covers the age group with which they will be working. Experience with the modules has shown that they are most effective when the caregiver has been on the job for a while and has a feel for what goes on in the center. At the end of the caregiver's first month, for example, if he/she is working in the infant area, make available a copy of *Caring For Infants* and encourage discussion of the module with you individually or with the infant area supervisor.

Another way that the modules can be used individually, yet which can stimulate conversation, is to have caregivers work through a module completely, answering the *preview* and *postview* items. When they have finished, have them come to you for the answer sheet which has been removed from the back of the module before the caregiver receives it. In this way you can encourage discussion of the module and specific situations.

If caregivers rotate from one area of the center to another, you may want to have them read the module for each age group with which they work.

When the caregivers have been working in an area for a while and have completed the Child Guidance module for that age group, you may want to give them the Child Environment Series module for the age group with which they work. One way to encourage use and discussion of this Series is to ask a caregiver to select a checklist from the module and check out the environment in his/her own area or room. When the caregiver has identified what is and is not present in the area, let him/her write down some suggestions for improving the area and discuss them with you.

Another way that the modules can be used individually is to give all caregivers in one area of the center the Child Guidance or Child Environment module covering their age group. Suggest that they read them at some time over the next week, bringing any questions or ideas that they get from the module to the next all-staff or area-staff meeting. Use the module as a focus for the staff discussion at the meeting. You may want to select a checklist or group of situations from Appendix A or Appendix B in this Manual to help focus conversation on the specific topics covered in the module assigned.

Ideally, there should be some reward or recognition given to caregivers who complete either Series independently. Some centers have a Staff Achievement Board in the staff lounge with each caregiver's name down the left-hand column and the module titles across the board at the top. The caregiver lets you know when a module has been completed and you then fill in the date next to the name of the caregiver in the column under the module just completed. This often results in caregivers taking a great deal of pride in the fact that they are working through the various modules one at a time.

When a caregiver has completed one or the other or both Series of modules, your center could present a Certificate of Completion which the caregiver could put in a personal portfolio. Completion of the Series could also be one of the basis for in-house promotions or for upgrading in the center.

One good way to encourage individual use of the modules is to set up a corner in your staff lounge where copies of all of the modules are available to be checked out or to use in the lounge. This area also could be the location of your Staff Achievement Board.

Copies of the modules for each age group also can be at the caregivers' station in each center area. Those informal times when children are playing independently or napping can give caregivers a chance to read and review the material.

Ideally, each caregiver will have a personal copy of each module most related to job responsibilities.

The individual, self-paced learning method of using the modules reduces the time required of the director, is less costly and often more practical than release time for large group meetings or costs incurred in hiring training consultants, and it permits staff training to occur on an individual basis when group sessions are not practical or staff turnover is high. However, experience has proven that reading the modules independently and working through the exercises really is just a beginning point for an effective, ongoing training program. Time and again caregivers say they want to be able to discuss the modules or specific topics or situations in the modules and ask questions. Self-paced instruction using these provocative and up-to-date materials is a good way to get group sharing and in-depth discussions started. Even though a caregiver can go through the Series independently, some direction or consultation with the director or training coordinator is a valuable and necessary companion.

SHORT INDIVIDUAL TRAINING EXERCISES

Module material can be divided into short segments for reading and studying. One segment might take 20-30 minutes or less. For instance, a caregiver might read one chapter in *Caring For Infants* or one chapter in *Creating Environments For Infants* rather than the entire module in one sitting.

The module segments themselves can also be used in a variety of self-instructive ways. Consider the following training plan devised by one military center director, which is basically self-paced and composed of three major variations with one-to-one interaction between caregiver and director:

Mini-Tests

A caregiver is given a copy of a single chapter. For example, take the fifth chapter in *Caring For Infants* titled "What Is Different About Caring For Infants In A Group Setting?" Give the caregiver the complete chapter with one exception. Omit the answer/discussion portions in the Building Skills section. Once the caregiver completes this short segment, he or she comes to the director for the answer/discussion portion. At this time the caregiver and director are able to discuss the issues in the short segment.

There is no pass or fail. However, if necessary, the director may request a caregiver read the material once more should the caregiver be confused about the concepts presented.

Reviews

A segment covering one topic is isolated for caregiver review. For instance, the procedure for properly diapering an infant as described in the *Caring For Infants* module can be copied and given to the caregiver. The caregiver reads the material then signs a piece of paper that says the material has been reviewed.

Review segments might be from something in the modules or on other important topics such as on first aid, center policies and the like. Such material can be issued for review every so often at the director's discretion - once a year, once every six months.

Projects

A chapter can be presented to a caregiver as information that can be useful in setting up a project. For instance, the first chapter in *Creating Environments For Preschoolers* discusses indoor and outdoor space arrangements. It is complete with a checklist. The caregiver is not required to take the checklist and evaluate the preschool indoor and outdoor space at the center but may if he or she wants to.

What is required of the caregiver is a project that he or she plans and presents at the center. The project can be anything that uses the ideas and concepts presented in the short segment, such as a new arrangement in a play area.

The caregiver informs the director when the project is to be presented and the director observes. Again no pass or fail is given. The director and caregiver simply discuss the project afterward. Ways to improve as well as the highlights of the project are analyzed.

While self-paced instruction has some advantages over more extensive kinds of training plans - allows the caregiver to work at his or her own pace, promotes one-to-one discussion with the director and is less costly in terms of time and money - it does not allow for much contact with other caregivers or outside resource persons. Some centers have, therefore, gone to very extensive training programs combining lectures, debates, field trips, buzz sessions, panel and group discussions, role playing, brainstorming and audiovisual aids - to name just a few training devices that can be used.

Lectures

A lecture conveys knowledge and information which provides a common frame of reference to the total group. It is best used when the group needs information on a specialized subject of vital interest to them. Lectures have a reputation for being boring, so the speaker must be entertaining, the topic of major importance and the time kept short. Many sections of the modules could form the basis for a lecture or could raise questions which a director or visiting lecturer could discuss.

Debates

A debate is a pro and con discussion of a controversial issue. The objective is to convince the audience rather than show skill in attacking the opponent. It is a good technique to use when there are fairly strong opinions in the group on both sides of an issue. It brings those differences out into the open in a friendly way and promotes a healthy, vigorous discussion of those differences. Many of the situations in the Child Guidance Series would form the basis for some exciting debates. Even short debates in a staff meeting over approaches to handling a certain situation can be fun and stimulating.

Field Trips

Caregivers make visits and bring back information to the rest of the staff. Visits might be to model child care centers in the community, observations at a program for children with disabilities and the like. In this way those who attend the field trip have a common experience for discussion and new ideas can be presented and incorporated into the

child care center in which they work. Taking a checklist from a Child Environment module to a model center or, as a group, to a room in your own center, will focus the "field trip" discussion.

Buzz Sessions

Buzz sessions allow for total group participation. This is a very important feature to consider in any kind of group training session. Group members participate in small clusters, followed by discussion of the issues in the larger group. For example, select a situation or two from a Child Guidance module, but don't give the small groups any of the alternative ways to handle it. Let each small group discuss the situation for five to ten minutes, then report their consensus on the "best" solution. Lead a general discussion of the issues involved with the larger group.

Panel Discussions

A group of caregivers is selected with a main leader or speaker. A discussion takes place in front of the larger group in a conversational manner. As the panel discussion progresses the larger group is encouraged to join in the conversation. This technique helps to stimulate interest and thinking and provokes better discussion. An issue, such as how to handle a situation involving parents like those included in Part II of *The "Caring" Role In A Child Care Center* can form the basis for a panel discussion.

Role Playing

This technique is the spontaneous acting out of a situation or an incident by group members. This works very well with just about any audience. It is one of the best ways to develop clearer insights into the feelings of others and the interactions of the characters involved which make for either good or not-so-good relations. The situations in the Child Guidance Series are perfect for having center staff playact or role play.

Brainstorming

With this technique the group is given a certain amount of time to come up with ways to solve a particular problem. Any and all suggestions are allowed. This has the advantage of getting new

ideas before the group and identifying those caregivers who excel in approaching problems in creative ways. Any of the Child Guidance situations or the Child Environment problems in either Series could provide the basis for a brainstorming session.

Audiovisual Aids

Filmstrips, movies, slide shows, records and the like are invaluable assets to any good training program. Audiovisual materials should be used as often as possible in a well-integrated fashion with any of the other techniques mentioned above.

If staff training is one of your weaker areas, begin now to strengthen it. Do not think for one moment that you must be a trained teacher in order to effectively provide staff training for your caregivers. Recognizing the need for such training and making the commitment to provide that training are the keys to a successful, meaningful effort. And your efforts need not stop with the center staff. Many fine parenting classes have been launched by using the Child Guidance and Child Environment Series with the parents of the children who attend the child care center.

If you want to do more reading about child development and environments, you will find a list of helpful books in Appendix D. You and your staff will be able to use these resources to increase your understanding of children and improve the quality of child care in your center.

DESIGNING STAFF WORKSHOPS AROUND THE MODULES

MODEL I - ROLE-PLAYING, DISCUSSION, INDIVIDUAL EXERCISE

To Intervene Or Not To Intervene - That Is The Question

Purpose: To help caregivers decide when adult intervention is or is not necessary in their day-to-day contact with children of all ages.

Participants: Caregivers who work with children of any age.

Materials: A copy of six situations dealing with adult intervention taken from the module PREVIEWS - #20 in *Caring For Infants*, #17 in *Caring For Pretoddlers*, #1 and #6 in *Caring For Toddlers*, #19 in *Caring For Preschoolers*, and #2 in *Caring For School-Age Children*.

A copy of six situations dealing with adult intervention taken taken from the module POSTVIEWS - #16 in *Caring For Infants*, #17 in *Caring For Pretoddlers*, #14 and #20 in *Caring For Toddlers*, #3 in *Caring For Preschoolers*, and #13 in *Caring For School-Age Children*.

Pencils.

Presentation:

a) Divide the caregivers into two groups. Give each caregiver a set of all six PREVIEW situations. Ask group one to role-play the first three situations. Give them 15 minutes to assign parts. Have them act out the situations and the three choices offered - A, B and C - for the entire group.

b) At the end of each role-played situation the entire group discusses the three choices and chooses the "best" solution. Their choices then are discussed in relation to the "best" choice given in the module.

c) After the six PREVIEW situations are role-played, all caregivers are given the six POSTVIEW situations which match the first six situations in context but not detail. Allow each caregiver a few minutes to read and select the choice she/he likes best for each situation.

d) A brief discussion of each situation should follow to clarify any issues that may need further explanation.

Model I is one effective model for getting caregivers involved as a group. By selecting an issue or situation like biting or hitting, caregivers learn to handle such situations by role-playing and discussing their feelings and answers afterwards.

This model is flexible because it permits the director to choose problems which cut across all ages. Or situations can be chosen only from the module covering that age group.

It is easy to locate situations for use in this training model by using the index in Appendix A of this Manual. In Appendix A each situation in the PREVIEW and POSTVIEW of every module has been indexed to the BUILDING SKILLS and TEXTS which clarify and explain the recommended solutions.

In Appendix B, the contents of each module, including each situation, in the Child Guidance Series has been indexed by topic or subject.

The technique of role-playing which forms the basis for this model is an enjoyable and effective way to get caregivers involved in children's feelings as well as their own.

MODEL II - BUZZ GROUPS, DISCUSSION, INDIVIDUAL EXERCISE

Do You Hear What I Hear?

Purpose: To help caregivers learn to listen carefully to what children say without passing judgment. To show caregivers how they can help children solve their own problems.

Participants: Caregivers working with preschool and school-age children.

Materials: Copies of pages 53-55 from *Caring For School-Age Children*.

Pencils.

Presentation:

a) Have the caregivers read pages 53-55 in *Caring For School-Age Children*. Briefly discuss the ideas presented.

b) Divide the group in half. Give each group two situations which you have made up that involve a caregiver and a child or children in discussion similar to the example in the module. Vary the ages of the children so that one situation deals with school-agers and the other with preschoolers.

c) With Situation 1, ask Group A to write out their dialogue showing how not to handle the situation. Have Group B write an example of how to handle the situation effectively. Representatives from each group then read the dialogue or lines for everyone to hear. Have the poor example go first, followed by the good one. Reverse the task for Situation 2 so that Group A writes out a good example, Group B a poor one. Again, have group representatives read the dialogue with the poor example going first.

d) As part of the workshop evaluation form ask each caregiver to rate his or her own listening abilities on a scale of 1 to 5 with 5 being the very best. Have them explain in writing why they rated themselves as such.

Model II helps caregivers focus on a very important human relations technique - the art of listening. By giving them an opportunity to write out or talk out a dialogue with a child, they are able to learn some actual words and a concrete, positive strategy for listening effectively, based on the sample dialogue given in the module, *Caring For School-Age Children*.

The caregivers are given an opportunity to work out sample responses in a negative as well as a positive way, each of which brings to their attention the principles of good listening in a non-threatening way.

For example, if you were using the situation below, this is how the exercise would go:

Melissa is four years old. She has been coming to the center for several weeks. She is afraid to sleep in the darkened room at nap time because she tells you there are monsters hiding there.

Now, Group A would write and act out a positive dialogue with the child and Group B would write and act out a negative dialogue. The group would then discuss each.

The personal rating of their listening ability after the exercise and their explanation of the rating gives each caregiver a chance to privately reflect on individual strengths and weaknesses.

MODEL III - INDIVIDUAL EXERCISE, GROUP DISCUSSION

Believe It Or Not

Purpose: To help caregivers understand that different children grow and develop in different ways and at different rates. To encourage an appreciation by caregivers for these differences. To help caregivers realize that children have a need to behave as they do.

Participants: Caregivers working with infants, pretoddlers and toddlers. No prior experience or preparation needed.

Materials: Copies of page 17 in *Caring For Pretoddlers*.
Copies of pages 18-19 in *Caring For Pretoddlers*.
Pencils.

Presentation:

a) Have each caregiver complete the exercise on page 17 in *Caring For Pretoddlers*.

b) Ask one caregiver to collect the papers and tabulate the results. While waiting for the results, briefly discuss the idea of the "average" child and what that means. Ask caregivers to volunteer their definition of "average."

c) Once the results are tabulated, have the caregivers refer to pages 18-19 in the *Caring For Pretoddler* module. Beginning with the first item, announce the compiled results of the survey, followed by a short discussion or debate of the issues involved.

Model III demonstrates a good way to initiate group discussion by beginning the training session with a provocative INDIVIDUAL EXERCISE. By individually giving thought to situations or questions, the caregiver is immediately involved and interested in solutions.

The discussion of the topics on the sheet can occur by the entire group before the results are tabulated from the individual answer sheets.

When the results are known, they are discussed and debated by the entire group again.

MODEL IV - BRAINSTORMING

Using A Theme In Planning "Curriculum"

Purpose: 1) To introduce and use the brainstorming technique to make lists of creative ideas and solutions. 2) To explore the value of using themes in planning activities for child care programs.

Participants: Preschool and school-age caregivers.

Materials: Pages 48 and 50 from *Creating Environments For Preschoolers*, pencils, two common items for brainstorming exercises and chalkboard or easel for group leader. (Page 83 in *Creating Environments For School-Age Child Care* covers the same topic).

Presentation:

a) Define *brainstorming*. To brainstorm is simply to list all ideas that come to mind about a topic or theme as rapidly as possible. All judgment is withheld by group members. This includes both positive and negative comments, facial expressions or body movements.

b) Begin by getting the group to practice brainstorming. Hold up a common item such as a ruler. Have the group list as many uses for the ruler as they can. Set a time limit - five minutes is good. Write each suggestion on chalkboard or large paper. Encourage the group to think of *any* new use they can. It does not have to relate to the child care environment. If necessary, help the group along by suggesting that rulers can be used for dueling, stirring paint or holding open a window.

c) Have caregivers individually read page 48 in *Creating Environments For Preschoolers* and do the exercise on page 50. This exercise will let caregivers brainstorm possible program ideas around a theme given in the module.

d) Let participants suggest their own theme, excluding holidays. They can brainstorm a list of activities as a group. List these for all to see. The caregivers then can actually use the theme and the activities brainstormed around the theme to organize the center's program for several days.

In Model IV, caregivers benefit from learning and practicing BRAINSTORMING. They also generate a theme and related activities that they can actually use in their program.

BRAINSTORMING exercises can be a fun way for adults to recapture the ability of seeing things in new and different ways as children often do. A caregiver can brainstorm individually, with other adults or with the children to find new solutions to problems that arise in the center.

Using a theme such as "careers" or "the zoo," with related activities accomplishes several things in a child care program. Different activities allow for different interests and levels of participation. This way a child has the opportunity to think about an idea or event again. This helps fix information in the child's mind. Different activities around the same theme give continuity and help the child make sense out of the different parts of the day and the week.

MODEL V - GROUP EXERCISE, DISCUSSION

Looking At Environments

Purpose: To help caregivers think about and arrange environments for play by studying play area plans and listing strengths and weaknesses.

Participants: Caregivers may participate with or without having read the "Arranging Space" chapters in the *Child Environment* modules.

Materials: Plans are included in the infant, pretoddler, toddler and preschool modules. For example, the floor plan, page 27, and play yard plan, page 28, from *Creating Environments For Pretoddlers* could be used. Put on a separate sheet the "strengths" and "weaknesses" listed below the plan you choose. Have available a chalkboard, a large pad or overhead projector.

Presentation:

a) Have caregivers study one indoor plan without the accompanying lists of strong and weak points. Talk about and identify equipment and arrangements. Ask for questions.

b) As a group, list on chalkboard or pad the strengths and weaknesses caregivers spot in the plan.

c) Next, distribute "Strengths" and "Weaknesses" list from the module. Compare caregivers' lists with ones found in the module. Discuss findings.

d) Follow same steps for outdoor plan. Alternatives: use outdoor plan as an individual assignment or for another session. Discuss findings.

Model V calls attention to the use and arrangement of space as an effective tool for improving the quality of child care in the center.

This model encourages caregivers and directors to think about environments and space, using pictures and images in a group setting rather than relying totally on words and descriptions.

The plans in the modules are far from perfect. Caregivers with some experience will be quick to find a number of weaknesses. Note the nature of their comments. Often caregivers become so concerned with safety that they want to remove the objects or items that help make the center a comfortable or interesting environment for children. Bringing this to their attention and discussing it can change their views.

MODEL VI - INDIVIDUAL AND GROUP EXERCISE, DISCUSSION, AUDIO-VISUAL AIDS

How Soft Is Your Center Environment?

Purpose: To Focus attention on the need for and ways to create a softer, more comfortable center environment.

Participants: Caregivers of children in any age group.

Materials: A list of "softness" items. These appear as part of the checklists found in the module on pretoddlers on page 37, toddlers on page 38, preschoolers on page 39 and school-age care on page 35. Pencils, slides and slide projector.

Presentation:

a) Begin with a warm-up activity. Have caregivers close their eyes and sit quietly for a minute. Ask them to think about where they are sitting. Are the surrounding surfaces hard or soft? How do they feel? Allow time for everyone to get in touch with their feelings. Then suggest they try to recall favorite spots or places they liked to play as children. What particular features or textures made these places so special?

b) Give each caregiver a softness checklist. Ask them to use the checklist to rate their center's play areas.

c) Discuss ways of adding any items on the checklist not currently available in the center.

d) End session with a collection of slides taken in a child care setting as examples of different ways to make the center environment more liveable by adding soft textures with carpeting, pillows, laps, water, grass and sand.

In Model VI caregivers for children of all ages can come together as a group and discuss a single, important issue.

Directors and caregivers may find cleanliness, ease of care and regulations as reasons for not adding softness to the environment. This may result in some lively discussions and thoughtful consideration of what is a quality environment for children.

The slides provide visual examples of easy-to-duplicate ideas for adding softenss to the center.

One interesting exercise to add to this model is to have caregivers make a list of ways that a center environment is likely to be different from a child's home environment. The list might include men, grandparents, adult-sized furniture, their own room, a pet or a garden.

APPENDIX A

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APPENDIX D

SELECTED READINGS ON CHILD DEVELOPMENT AND CHILD CARE

The following books and articles have been the most useful references in the development of these staff training series. If you or your staff want to do further reading, you may find this list helpful.

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* U.S. GOVERNMENT PRINTING OFFICE : 1982 O - 371-099